

Effective Implementations of Project CHALENG

Innovative Practices in VHA Homeless Program Operations

White Paper

VA



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INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The Syracuse VA Medical Center (VAMC); the Washington, D.C. VAMC; the Milwaukee VAMC; the VA Black Hills Health Care System (HCS); the Oklahoma City VA HCS; the San Francisco VAMC; and Veterans Integrated Service Networks (VISNs) 6 and 23 have all been recognized for their effective practices in implementing Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups).

PRACTICE OVERVIEW

Project CHALENG started in 1994 to unite homeless service providers, advocates, Veterans, and concerned citizens toward the goal of meeting the ever-changing needs of Veterans experiencing homelessness. It consists of two main components. The first is an annual survey that assesses local challenges faced by Veterans experiencing homelessness to identify unmet needs and encourage partnerships and action to meet those needs. The second is annual community meetings intended to foster collaboration between VA and community service providers to promote coordination and address CHALENG-identified barriers. Over the last 25 years, insights from CHALENG assisted VA in advocating for and developing new services for Veterans, such as the Homeless Veteran Dental Program, an expansion of the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program, Veterans Justice Outreach (VJO) and Health Care for Re-Entry Veterans (HCRV), the Homeless Veterans Legal Referral partnerships, and Supportive Services for Veteran Families (SSVF). As times changed, so has CHALENG. In 2009, many dedicated CHALENG meetings across VA merged with community homeless summits, followed by mental health summits, and now with whole health summits. Additionally, with the greater emphasis on efforts to end Veteran homelessness through strategies like coordinated entry or initiatives like the Mayor's Challenge to End Veteran Homelessness, VA homeless programs were able to develop even stronger ties to their communities. With so many opportunities to assess and improve the effectiveness of service systems, in collaboration with the same community partners who addressed unmet needs among homeless Veterans, the need for dedicated CHALENG meetings diminished. The CHALENG surveys themselves changed as well. In 2012, survey administration moved from pen and paper surveys that were mailed to a central location to web-based, electronic surveys. With the ever-increasing demands placed on VA homeless programs, CHALENG declined in prominence.



Recognizing the opportunities to continue socializing CHALENG both as still active and as an essential gap analysis process, staff from the VHA Homeless Program Office and the Oklahoma City VA HCS conducted a review of the 2017 CHALENG survey response rates. This review revealed six facilities across VA where the CHALENG surveys collected represented over 50 percent of the total surveys collected for their respective VISNs: Syracuse; Washington, D.C.; Milwaukee; Black Hills; Oklahoma City; and San Francisco. The review also revealed that VISN 6 and VISN 23 both had the highest response rates of all other VISNs across VA. Looking closer at these sites, it became clear that many common strategies were utilized to engage Veterans and community stakeholders as well as make use of CHALENG survey data to improve homeless program operations.

When working to ensure that a large number of Veterans and providers completed CHALENG surveys, the most common and effective method utilized by these sites was to administer surveys at Homeless Veteran Stand Downs. These one- to three-day outreach and engagement events provide supplies and services to Veterans experiencing homelessness. At the VA Black Hills HCS, which administered the most surveys out of all sites in 2017, Stand Downs were held at least once per quarter, with anywhere from four to seven Stand Downs each year. They have one of the largest catchment areas in all VHA, covering over 80,000 square miles across North Dakota, South Dakota, Wyoming, and Nebraska. As these areas are highly rural, Stand Downs at Black Hills are critical opportunities to reach as many Veterans experiencing homelessness as possible. At every event, CHALENG surveys were included as part of the registration process so that Veterans had the opportunity to complete surveys when they signed-in. Anywhere from 85 to 90 percent of Veterans who registered agreed to complete a survey, which is significant as nearly 600 Veterans attended Stand Down events throughout the Black Hills service area. It was equally important to get feedback from community partners, so when the early morning rush subsided, homeless program staff offered CHALENG surveys to the various community agency representatives who were also in attendance. While most sites reviewed had access to stable internet connectivity and could complete CHALENG surveys with Veterans online during Stand Downs, many elected to use the traditional pen and paper surveys. For highly rural sites like Black Hills, pen and paper surveys were necessary as the lack of solid internet connectivity made tablets and laptops unworkable.

There were other reasons why pen and paper surveys remained popular for administering surveys. Veterans and providers alike generally found it easier to use. As the survey itself did not allow for free text comments, some Veterans at Milwaukee wrote their thoughts in the margins of the survey forms. At



Syracuse, while the homeless program staff sent survey hyperlinks via email and included links in their email signatures, they reported that their community partners often overlook them. Community partners noted that they probably would not complete the surveys if not given the opportunity to fill them out in person. Some sites like San Francisco, did not have access to Veteran-centric computer stations or computer labs for Veterans to complete surveys online. Notably, the ease of use of the paper surveys came at a cost as the information gathered eventually needed to be submitted electronically by the local VAMC via the online survey collection tool. It took anywhere from three to five minutes to submit a single survey. Depending on the number of surveys gathered and the number of staff and volunteers available to enter data, this was often an arduous task.

To help oversee and manage survey administration, some sites like Oklahoma City, Milwaukee and San Francisco designated CHALENG Champions. This was recommended, particularly at larger sites with greater numbers of staff as CHALENG could get lost among all the other duties that staff are tasked to accomplish. At Milwaukee, CHALENG was added to the agenda of every monthly staff meeting and the CHALENG Champion took the lead to check in on survey status and help the team brainstorm ways to find new and different audiences. The Milwaukee Champion also included a link to the CHALENG survey on the Intranet's homepage. Meanwhile, at Oklahoma City, the CHALENG Champion sent the survey link to the entire medical center's list of Outlook email users each year and encouraged all homeless program staff include the survey image link in their email signatures.

In addition to designating CHALENG Champions, some sites set concrete survey targets for staff to meet. San Francisco; Washington, D.C.; and Milwaukee set friendly competitive goals for obtaining surveys from Veterans participating in HUD-VASH, Grant and Per-Diem, Contract Residential Treatment programs, or who received services at the Community Resource and Referral Center (CRRC). Homeless program staff were asked to keep track of their progress individually. At Washington, D.C.'s CRRC events such as cookouts or holiday parties, completed CHALENG surveys were used as admission tickets for entry, with each completed survey going towards the team's survey goal. At Syracuse, both CHALENG and uSPEQ satisfaction surveys were incorporated into the staff's performance plan with the goal to complete one Veteran survey and one provider survey per month. Across VISN 23, the Network Homeless Coordinator (NHC) set VISN-wide targets for the year, tracked through the Network's Action Item (AI) task management system. To ensure a proper balance of responses, surveys collected via this AI had to be as close in proportion to 50 percent Veterans and 50 percent providers as possible. The NHC also provided updates to the VISN's Executive Leadership



Council every other month. Whether set as a personal goal, tied to performance appraisals, or established as VISN-wide AIs, setting targets was effective in keeping CHALENG as a focus.

While most people thought of Project CHALENG as a way for national leaders to gain insights into the changing needs of Veterans experiencing homelessness, local sites could also gain insights by reviewing their own survey data. At the close of each CHALENG cycle, sites were given electronic reports that analyzed and summarized the survey responses. Reviewing these reports could provide visibility into the concerns of Veterans in their community. Additionally, when needs were identified, there were often opportunities to address them through local resources. Sites like Black Hills shared CHALENG results with Community Veterans Engagement boards and their facility's Public Affairs Officer to update facility leadership. They recommended that homeless program leads pay close attention for needs that were prominent in both the Veteran and the provider survey responses as this synergy may be of significant importance.

Many sites that relied heavily on pen and paper found that the act of entering the survey responses online provided a unique opportunity to review and reflect on the individual responses themselves. When looking at the aggregate results, it was often difficult to determine if Veteran needs were associated with a specific program or a specific community within the site's service area. At San Francisco, staff added markers to the paper surveys that designated which program and location the survey was associated with. As the paper survey information was later submitted to the online survey tool, staff created their own program specific trackers and information breakdowns, providing more targeted insights. San Francisco, along with Oklahoma City, Milwaukee, and sites throughout VISN 23 also utilized CHALENG survey data to prepare for accreditation through the Commission on the Accreditation of Rehabilitation Facilities (CARF). Often homeless program leads pulled information from survey items that spoke to community engagement. Comments written on paper surveys were also captured and included for CARF. Interestingly, when VISN 6 transitioned to all online surveys, they reported that they reviewed the individual survey responses less frequently. Because of modernization and streamlining, an organic opportunity to review, reflect, and discuss the survey responses was lost.

“CHALENG is VA's most enduring way to ensure the voice of Veterans, VA, and community providers is heard in developing new services.”

**Jessica Blue-Howells,
National Program Manager,
Project CHALENG for Veterans,
VHA National Homeless
Programs Office**



Today, when VA homeless program staff think of CHALENG, most immediately they think of the surveys, forgetting that CHALENG meetings, discussions about gaps in services and reporting back survey results, are still a key component. Few sites throughout VA still host dedicated CHALENG meetings, with almost all opting to incorporate them as part of major meetings and summits with community partners. In VISN 6, the NHC included CHALENG at any Veteran-centric presentation or Statewide coalition meeting he attended. Additionally, the NHC ensured that every Continuum of Care throughout VISN 6 had a VA point-of-contact who discussed CHALENG when attending meetings. Hyperlinks to the online CHALENG survey were included in every PowerPoint slide deck and handed out on reminder slips for attendees to complete. While many Veterans and community providers were willing to complete the surveys if asked, it was helpful to explain why CHALENG is important. The NHC for VISN 6 reminded community partners that CHALENG results were reviewed nationally, by senior leaders at VA and Congress, and was instrumental to the development of programs like dental care, HUD-VASH, VJO, and SSVF. When VA saw constant communication from both Veterans and the community, it greatly supported advocacy efforts for novel resources. Not only that, but as noted by the CHALENG Champion at Oklahoma City, this process helped Veterans have their voices heard.

CONCLUSION

As the needs of homeless Veterans continually change, Project CHALENG remains a valuable tool to help VA understand how it needs to change to effectively meet those needs. Homeless programs must continue to take the lead to ensure that those needs are known. We would like to thank the dedicated staff at the Syracuse VAMC; the Washington, D.C. VAMC; the Milwaukee VAMC; the VA Black Hills HCS; the Oklahoma City VA HCS; the San Francisco VAMC; and VISNs 6 and 23 for sharing their practices with us.

For more information about Project CHALENG, please contact Jessica Blue-Howells at Jessica.Blue-Howells@va.gov.

